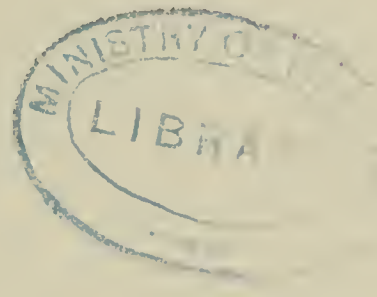


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URBAN DISTRICT COUNCIL OF WOODBRIDGE



ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

for the year

1951



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Council Offices,
17 Thoroughfare,
Woodbridge.

November 1952.

The Chairman and Councillors,
Woodbridge Urban District Council.

Mr. Chairman,

Ladies and Gentlemen,

I submit herewith my Annual Report for the year 1951. The report has been arranged after the pattern suggested by the Ministry of Health, and in it I have attempted to supply as much information as possible about the various factors bearing on health in the Town. In some cases I have, in addition, sketched in the background against which we must view the changes and events which are taking place.

During 1951 the general health of the Town maintained a satisfactory level. The Birth and Death Rates were, for a town of this size in no way remarkable, and more or less reflect nation wide changes.

I would like to thank both Councillors and Officials for their help and co-operation during the year.

I am,

Your obedient Servant,

C.H.IMRIE,

Medical Officer of Health.

PUBLIC HEALTH OFFICERS.

Medical Officer of Health.

C.H.Imrie, T.D.,

M.B.,Ch.B.,D.P.H.

Sanitary Inspector.

G.Ogden, M.R. San.I.

A STATISTICS.

1. Summary of General Statistics

Area of District in Acres.....	1097
Number of Inhabited houses.....	1845
Rateable Value of District.....	£34820.
Product of Penny Rate.....	£137. 5. 0.

2. Summary of Vital Statistics

1942 to 1951

	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951
Estimated Population	4467	4446	4533	4718	4998	5101	6450	5380	5340	5413
Birth Rate	18.8	17.5	20.5	17.4	19.4	17.8	13.3	18.7 (99)	19.2 (80)	15.1 (82)
Still Birth Rate	0.67	0.22	0.22	0.85	0.4	0.19	0.40	-	0.93 (5)	-
Death Rate	14.3	14.2	17.2	14.6	10.7	13.3	13.2	14.3 (87)	11.3 (80)	12.4 (67)
Infantile Death Rate	23.8	12.8	43.0	24.4	51.5	21.9	23.2	50.4 (5)	37.5 (5)	48.7 (4)

ANALYSIS OF VITAL STATISTICSa. Live Births

	Male	Female	Total
Legitimate	48	32	82
Illegitimate		2	

Birth Rate per 1000 population 15.1

Birth Rate per 1000 population England
and Wales 15.5

Comparability Factor 1.28

b. Still Births

NIL.

Still Birth Rate per 1000 population
England and Wales 0.36

c. Deaths all Ages

	Male	Female	Total
	27	40	67

Death Rate per 1000 population 12.4

Death Rate per 1000 population England
and Wales 12.5

Comparability Factor 0.75

d. Deaths Infantile Mortality

	Male	Female	Total
	1	3	4

Infantile Death Rate per 1000 live Births
48.7

Infantile Death Rate per 1000 live Births
England and Wales 29.6

Causes of Death

Code No.	Disease.	Male	Female	Total
10	Malignant neoplasm stomach	1	-	1
11	Malignant neoplasm lung	1	-	1
12	Malignant neoplasm breast	-	3	3
13	Malignant neoplasm uterus	-	1	1
14	Other malignant & lymphatic neoplasms	4	1	5
16	Diabetes	-	1	1
17	Vascular lesions of nervous system	4	6	10
18	Coronary disease, angina	3	1	4
19	Hypertension with heart disease	3	2	5
20	Other heart disease	1	14	15
21	Other circulatory disease	-	1	1
22	Influenza	1	2	3
23	Pneumonia	1	1	2
24	Bronchitis	1	-	1
26	Ulcer stomach and duodenum	1	-	1
27	Gastro enteritis	-	1	1
28	Nephritis	1	-	1
29	Hyperplasia of prostate	1	-	1
31	Congenital malformations	-	1	1
32	Other defined and ill defined disease	2	5	7
34	All other accidents	1	-	1
35	Suicide	1	-	1
		27	40	67

Causes of Death under 1 year

	Male	Female
Prematurity	-	1
Gastro-enteritis	-	1
Congenital deformities	-	1
Asphyxia enlarged thymus	1	-
		3

Since 1801 the year of the first complete census in this Country, a census has been held every 10 years with the exception of the war year 1941. The year 1951 was accordingly a census year and it was held in April. This enumeration afforded a most valuable check on the various estimates which had been made for the intercensal years.

Population.

In the 20 years from 1931 to 1951 the population of England and Wales increased by 9.5 per cent from around 39 millions to 43 millions, but this was not uniform over the country. In some regions the increase was negligible while in others it was 25% or more. The increase in the Eastern Region which includes East Anglia was 27.2%. The component parts of the region however show as great a diversity in both counties and county districts East Suffolk showed an increase of 9.1 per cent, while the Urban District of Woodbridge had an increase of population of 12.2 per cent. This latter figure being particularly interesting as many of the other Urban Districts in the county have actually lost in population. The fluctuation in population over the past 10 years are shown in the summary of statistics.

Births and Deaths.

In the summary of Statistics I have shown the various Birth and Death rates for the past 10 years. I have also included in brackets the actual numbers involved for the past three years. This for a small population is often a better guide to the population trends than the rate per 1000. It will be seen that the number of births is fully up to the previous years total and that the deaths are appreciably fewer. The absence of Still births is particularly gratifying.

NOTIFIABLE DISEASES.

Most of the infectious diseases are notifiable to the Local Authority: and a record is kept of each notification. This provides a valuable source of information over a period of time.

Records of infectious diseases have been kept with a fair degree of detail over a period of more than 50 years in Woodbridge and these illustrate some of the changes which have taken place not only in the diseases themselves, but also in our ideas about them during that time.

In the main the changes have been towards a decrease in the amount of disease accompanied by a decline in severity. Examples of these changes are found in Scarlet Fever, which is now a very mild and transient infection, and also in Measles which is now much less liable to cause complications.

That these changes are not all due to our modern mode of dealing with infectious diseases is a possibility, but it cannot be doubted that better standards of hygiene, adequate food and clothing and more enlightened methods of dealing with the sick play their part.

The factors which govern the increase or decrease of infectious diseases are not yet clearly understood. The history of medicine is full of the rise and fall of epidemics which often appear to start without cause. We think of great epidemics as being things of the distant past but probably the greatest outbreak of a serious infection occurred only 34 years ago when the influenza pandemic swept the world and killed in all some 20 million people in a few short months. That this great scourge was not due to the exhaustion of war was demonstrated by the absence of any great outbreak after the termination of hostilities in 1945. We must not therefore incline towards complacency over our control of infections.

It will be seen from the tables below that the prevalence of notifiable disease during 1951 was considerably below that of the previous year, the difference being almost wholly due to measles. Measles, as I have pointed out in previous reports, tends to assume a cyclical form with peaks every second year. This is probably due to the infection always being alive in the community and only increasing when the proportion of immune to susceptible persons falls below a certain level.

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Whooping Cough, although an infection which is frequently classed with Measles seems to have a different style of behaviour and does not come in definite cycles. Indeed I have occasionally noticed that, as in the present case, a fall in measles is accompanied by a rise in Whooping Cough.

Diphtheria is now something of a rarity, and one notification of the disease during the year is to be recorded. This case was diagnosed as diphtheria on clinical grounds alone and repeated bacteriological investigation did not reveal any signs of the germ. Recovery was uneventful and complete. The child had not been immunised.

TABLE I

AGE GROUP 1951

Disease	0-	1-	3-	5-	10-	15-	25-	45-	65-	age unknown	Total
Measles	3	12	20	45	5	1				1	87
Pneumonia	1	1	1		1		3	3	6		16
Whooping Cough	2	5	6	17			1				31
Diphtheria				1							1
Dysentery				1							1
Scarlet Fever		1		1		1					3
Erysipelas								1			1

TABLE II

Monthly Totals of Notifications 1951

Disease	Jan	Feb	Mar	Apr	May	Jne	Jly	Aug	Sep	Oct	Nov	Dec	Total
Measles	1	5	5	2	34	28	6				5	1	87
Pneumonia	1	1	2	5	2	2		2			1		16
Whooping Cough		2	5	1	5	12	5	1					31
Diphtheria							1						1
Dysentery				1									1
Scarlet													
Fever				1				1				1	3
Erysipelas											1		1



TUBERCULOSIS

During 1951 six new cases of Tuberculosis were added to the Register and five cases were taken off, leaving 32 cases in the district. The Death rate for Tuberculosis was 0.18 as compared with 0.31 per 1000 population for England and Wales.

Tuberculosis, in spite of the immense efforts that have been, and are being, made to control it, remains one of our greatest problems. Medically it is a disease which is probably more difficult to detect at an early stage than any other common infection, and once it becomes obvious it is only too often difficult to treat successfully. Sociologically and economically Tuberculosis is an even greater problem.

The long drawn-out course of months, or even years, which is run by a case imposes on the economic life and structure of the family a strain which leads almost inevitably to some lowering of the living standards especially when the victim is the bread-winner of the household. Even where the disease at length becomes arrested and health is recovered the patient only too often finds that his employment has become unsuitable for him in one way or another and he has to learn a fresh trade.

In the past, efforts at control have been concerned mainly with the removal of the patient for isolation and treatment and the observation of contacts. Up to a point this was satisfactory but it did not go far enough. More positive action was necessary. The somewhat belated introduction of B.C.G. -- a vaccine which was first elaborated over a quarter of a century ago and has been used successfully in Scandinavia for many years should have a beneficial effect in protecting those in danger of infection.

Early diagnosis has been greatly facilitated by the increasing use of Mass Miniature Radiography. This measure has great possibilities and will undoubtedly play a big part in the campaign against Tuberculosis.

One reservoir of infection which has so far resisted complete eradication is in our milk supply. There can be no doubt that Tuberculosis still occurs from time to time amongst milk herds. Fortunately it is not frequent but the fact that it does occur is important.

The problem of Tuberculosis will not be an easy one to solve. I am convinced, however, that the answer will be more in the region of prevention than of cure. Improvement of living facilities, reduction of overcrowding. Adequate good food and fresh air and healthy surroundings generally at work and in the home will do more to stamp out this dreadful scourge than will all the latest methods of treating manifest disease.

TUBERCULOSIS

	Pulmonary		Non Pulmonary		Total
	M	F	M	F	
No. on Register <u>1st January 1951</u>	16	10	3	2	31
No. cases notified <u>during year</u>	3	1		2	6
No. restored to <u>Register</u>					
No. added other- wise than by <u>Notification</u>					
No. removed from <u>Register</u>	2	1		2	5
No. remaining on Register at <u>31.12.51</u>	17	10	3	2	32

Details of cases added to Register.

Sex	Age	Occupation	Location of Disease.
M	40	Nurseryman	Lungs.
F	19	Hairdresser	Lungs.
M	25	Clerk	Lungs.
M	14	Schoolboy	Lungs.
F	25	Nurse	Abdomen.
F	33	Housewife	Cervical glands.

Details of Cases Removed from Register.

Removed from District	3
Died	1
Recovered	1

IMMUNISATION.

	<u>1951</u>	<u>1950</u>	<u>1949</u>
Percentage of Pre-school Children immunised	69.7	80.0	93.4
Percentage of all Children immunised	68.6	90.0	85.5

It will be seen from the above that in 1949 and 1950 the standard of protection of the children of Woodbridge was extremely high. In fact the immunisation figures were the best in the county. During 1951 however, the acceptance rate fell to around 70% mark which is not so satisfactory.

This fall is due probably in part to a certain complacency arising from the virtual absence of diphtheria over a period. Some parents feel that, in the absence of diphtheria, immunisation is not really necessary, not realising that it is largely the high degree of immunity of the population which is keeping the disease at bay.

WATER.

The Council's Waterworks supplies water, not only to the greater part of Woodbridge, but also to parts of the adjoining parishes of Hasketon, Martlesham and Melton.

Quantity. During the year the quantity of water available has been adequate to meet all demands and the underground supply has not shown any appreciable change in level during this period.

Quality. The water is wholesome and of good taste and appearance but is extremely hard - contains a trace of iron in solution. It has no solvent action on lead.

Storage. The storage capacity of the present water tower is 50,000 gallons. This has been considered by the Council to provide too small a reserve and a scheme has been prepared for the erection of a tank of 100,000 gallons capacity. It is hoped to commence work at an early date.

Water Softening. At various times the Council has considered the whole question of water softening in bulk, but the outlay which it would involve has always been an obstacle. The cost of such an installation must however be looked upon in relation to economies in fuel and in descaling of pipes and boilers which it would effect. To have softened water on tap would undoubtedly be much appreciated by the community.

Premises Supplied. The number of premises in Woodbridge receiving a piped water supply is approximately 1620 out of a total of 1880. The remainder draw water from wells and pumps.

Extensions. During the year mains extensions of approximately 1640 feet were laid in the Town.

Consumption. The total amount of water consumed during the year was over 61,000,000 gallons. This is an increase of about 2,000,000 gallons over the total for the previous year.

HOUSING.

Although there are grounds for thinking that the peak of the housing shortage has been passed, it still remains as an urgent national and local problem.

Applicants for Council Houses. In Woodbridge during the year the waiting list for Council Houses was reviewed and it was found that for various reasons a large number of applicants could be removed from the list. Some had rehoused themselves or had been accommodated elsewhere, while others did not wish to remain on the list. The number of applications which were left at the end of the year was 138.

New buildings. House building in Woodbridge up to the end of 1951 resulted in the completion of 36 Council Houses. This brings the total of houses built by the Local Authority in the five years since the War to 212, and represents one new house for every 25 persons in the population. As I mentioned in last years report, Woodbridge has no reason to feel ashamed of its record in this direction as it has rehoused, in proportion to its size, far more families than many a larger authority.

Rents. From time to time one hears of complaints that rents of Council houses are higher than some families can afford. This is unfortunate as it removes the chance of rehousing for some who need it most. The answer may lie in the direction of a house built on more economic lines.

Old Properties. Woodbridge has inherited a considerable number of very ancient buildings, including many dwelling houses. Some of these are kept in reasonable repair and are an adornment befitting the antiquity of the Town, others however, are degenerating to a point where any rehabilitation will be too costly to be practicable and they will ultimately require demolition. Most of these dwellings are Rent Controlled and in many cases the rent will not cover a fraction of the outlay which repairs will entail.

Up to the present it has been the policy, where it is at all possible, to encourage repairs and general rehabilitation of substandard property. Once the building programme catches up on the waiting list I feel that the opportunity should be taken to review the whole situation as regards substandard houses.

PUBLIC CLEANSING.

A Town is frequently judged by the efficiency or otherwise of its public cleansing service. This is perhaps natural as any defect in this sphere soon becomes only too obvious.

Woodbridge has peculiar difficulties in this direction. For some twenty years a scheme has been in existence to provide a complete system of sewerage and sewage disposal for the town and the adjoining parish of Melton. At the end of the war consent to the implementation of the scheme was postponed for various reasons and this hold up has continued until the time of writing. In the meantime large quantities of crude sewage are daily being discharged into the River Deben, which although tidal at this point, is being polluted. The delay in installing the sewerage system can only be deplored, from all points of view.

The disposal of refuse was discussed in my report for 1950 and does not require comment. During the year the incinerator was enlarged and overhauled to enable it to deal more adequately with the increased demands made upon it.

Action Under Various Acts & Regulations19511. Factories Act 1937

	On Register	Inspections	Defects	Remedied
Factories not employing power	3	-	-	-
Factories employing power.	34	7	1	1
	37	7	1	1

Outworkers - nil on Register.

11. National Assistance Act 1948

No statutory action under Section 47 was considered necessary during the year.

NEW LEGISLATION.

The Public Health (Leprosy) Regulations 1951.

Came into force on 22nd June 1951, and require notification to be sent direct to the Chief Medical Officer of the Ministry of Health.

The ~~Puer~~peral Pyrexia Regulations 1951.

Came into operation on 1st August 1951, and modify slightly the method of notification and revise the definition of Puerperal Pyrexia.

The Rag Flock and Other Filling Materials Act 1951.

Which came into force on 1st November 1951, is aimed at ensuring the cleanliness of filling materials.

FOOD.

1. Clean Food Byelaws.

Byelaws to regulate the handling and wrapping of food for sale were made by the Council in 1950. These byelaws strengthen the hand of the authority when dealing with improper handling of food.

2. Clean Food Campaign.

Early in 1951 the Council considered the question of a clean food campaign, and it was decided that this should take the form of a well advertised public meeting for all who were interested in the subject. A good attendance was secured and films and a demonstration were accompanied by an explanatory talk, at the same time propaganda literature and posters were displayed in the town. The result of the campaign was, I feel, of value in stimulating public interest.

3. Food Shops

The standard of hygiene in food premises shows some improvement generally and in some instances the facilities for cleanliness and general hygiene among food handling staff have been augmented by structural alterations.

4. Dogs in Food Shops.

The Council authorised the Medical Officer of Health to issue to food shops notices advising the public not to take dogs into food shops. This appears to have had some small effect on what is an unhygienic practise.

5. Inspections.

During the year in connection with the supervision of food 18 visits were paid to food premises.
